

\$ 2611



PATENTS  
UV-196

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : William L. Thomas et al.  
Application No.: 09/829,806 Confirmation No.: 335  
Filed : April 10, 2001  
For : INTERACTIVE MEDIA GUIDE WITH MEDIA  
GUIDANCE INTERFACE  
Group Art Unit : 2611  
Examiner : Not yet assigned

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Hon. Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: [X] Preliminary Amendment;  
[X] Supplemental Information Disclosure Statement; to be filed  
in the above-identified patent application.

FEE FOR ADDITIONAL CLAIMS

[ ] A fee for additional claims is not required.

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The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	100 - 83	* = 17	X \$ 18	= \$306.00
INDEPENDENT CLAIMS	4 - 4	** = 0	X \$ 86	= \$ 0.00
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM			+ \$290	= \$ 0.00

\* If less than 20, insert 20.

TOTAL \$306.00

\*\* If less than 3, insert 3.

[X] A check in the amount of \$306.00 in payment of the fee set forth in 37 C.F.R. § 1.17 is transmitted herewith.

[X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.17, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

[ ] Please charge \$\_\_\_\_\_ to Deposit Account No. 06-1075 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

FEE FOR SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

[X] This Supplemental Information Disclosure statement is being filed more than three months from the application filing date but before the mailing date of the first Office Action on the merits. In accordance with 37 C.F.R. § 1.97, submission of this Statement requires no fee. However, if for any reason a fee is due, the Director is hereby authorized to charge payment of any fees required in connection with this Information Disclosure Statement to Deposit Account No. 06-1075. A duplicate copy of this Supplemental Information Disclosure Statement is enclosed.

Respectfully submitted,



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